

## INSTRUCTIONS FOR FILING UNFAIR PRACTICE CHARGE

1. Fill in all applicable information requested by the form.
2. Sign and date the charge form in the spaces indicated. It is helpful in distinguishing the originals from any copies if you sign the original using blue ink or any color other than black.
3. Mail, or personally serve, a copy of the charge including all attachments to the party named in item 2 (Respondent). NOTE: If you are the charging party you may not serve the charge on the respondent or sign the proof of service form yourself. Anyone over the age of eighteen, a resident of the United States and not a party to the case is eligible to serve documents and sign the proof of service.
4. Complete a proof of service form indicating that the charge has been served on the Respondent (as described in paragraph 3, above).
5. Mail the original charge form, attachments, the original proof of service form, and two complete copies of the charge, attachments and proof of service to the appropriate PERB office. The appropriate office for filing an unfair practice charge is determined pursuant to the provisions of PERB Regulations 32612 and 32075, as follows:

### 32612. Venue of Charge.

A charge may be filed in any regional office described in Section 32075 which serves any county in which the conduct or act constituting the alleged unfair practice occurred or is occurring, the county in which any employee affected by the alleged unfair practice works or the county in which the principal office of the employer is located. Any charge involving a worksite located outside the State of California shall be filed with the regional office serving the county in which the principal office of the employer is located. The Board may transfer any case to a different regional office. The Board may consolidate charges as it deems appropriate.

### 32075. Regional Office.

"The regional office" means the office established by the Board which serves the county in which the principal office of an employer is located according to the following schedule:

Counties included in the Sacramento Regional Office jurisdiction: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Fresno, Glenn, Inyo, Kings, Lassen, Madera, Mariposa, Merced, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San

Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama,  
Trinity, Tulare, Tuolumne, Yolo, Yuba.

Counties included in San Francisco Regional Office jurisdiction:  
Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin,  
Mendocino, Monterey, Napa, San Benito, San Francisco, San  
Mateo, Santa Clara, Santa Cruz, Solano, Sonoma.

Counties included in Los Angeles Regional Office jurisdiction:  
Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino,  
San Diego, San Luis Obispo, Santa Barbara, Ventura.

The current addresses and phone numbers for PERB's three regional offices are:

Sacramento Region

1031 18<sup>th</sup> Street  
Sacramento, CA 95814-4174  
(916) 322-3198

San Francisco Region

1330 Broadway, Suite 1532  
Oakland, CA 94612-2514  
(510) 622-1016

Los Angeles Region

3530 Wilshire Boulevard, Suite 1435  
Los Angeles, CA 90010-2334  
(213) 736-3127



STATE OF CALIFORNIA  
PUBLIC EMPLOYMENT RELATIONS BOARD  
**UNFAIR PRACTICE CHARGE**

DO NOT WRITE IN THIS SPACE:

Case No:

Date Filed:

**INSTRUCTIONS:** File the original and two copies of this charge form with proof of service attached to each copy in the appropriate PERB regional office (see PERB regulation 32075). Proper filing includes concurrent service and proof of service of the charge as required by PERB regulation 32615(c). All forms are available from the regional offices or PERB's website at [www.perb.ca.gov](http://www.perb.ca.gov). If more space is needed for any item on this form, attach additional sheets and number items.

IS THIS AN AMENDED CHARGE?

YES

NO

1. CHARGING PARTY:

EMPLOYEE

EMPLOYEE ORGANIZATION

EMPLOYER

a. Full name:

b. Mailing address:

c. Telephone number:

d. Name, title and telephone number  
of person filing charge:

e. Bargaining unit(s) involved:

2. CHARGE FILED AGAINST: (mark one only)

EMPLOYEE ORGANIZATION

EMPLOYER

a. Full name:

b. Mailing address:

c. Telephone number:

d. Name, title and telephone number of  
agent to contact

3. NAME OF EMPLOYER (Complete this section only if the charge is filed against an employee organization.)

a. Full name:

b. Mailing address:

4. APPOINTING POWER: (Complete this section only if the employer is the State of California. See Government Code section 18524.)

a. Full name:

b. Mailing address:

c. Agent:

## 5. GRIEVANCE PROCEDURE

Are the parties covered by an agreement containing a grievance procedure which ends in binding arbitration?

Yes

No

## 6. STATEMENT OF CHARGE

a. The charging party hereby alleges that the above-named respondent is under the jurisdiction of: (check one)

Educational Employment Relations Act (Gov. Code sec. 3540 et. seq.)

Ralph C. Dills Act (Gov. Code sec. 3512 et. seq.)

Higher Education Employer-Employee Relations Act (Gov. Code sec. 3560 et. seq.)

Meyers-Milias-Brown Act (Gov. Code sec. 3500 et. seq.)

b. The specific Government Code section(s) alleged to have been violated is/are:

c. The specific PERB regulation(s) and/or, for MMBA, the specific applicable local rule(s) alleged to have been violated is/are (*a copy of the applicable rule(s) MUST be attached to the charge*):

d. Provide a clear and concise statement of the conduct alleged to constitute an unfair practice including, where known, the time and place of each instance of respondent's conduct, and the name and capacity of each person involved. This must be a statement of the facts that support your claim and *not conclusions of law*. A statement of the remedy sought must also be provided. (*Use and attach additional sheets of paper if necessary.*)

## DECLARATION

I declare under penalty of perjury that I have read the above charge and that the statements herein are true and

complete to the best of my knowledge and belief and that this declaration was executed on \_\_\_\_\_  
(Date)

at \_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Type or Print Name) (Signature)

Title, if any: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_